IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

	FORM-GB
	Gift or Bequest information received
	by a department or accepted by the
	Governor on hehalf of the state. Z009 AUG 25 AP 8: 36 For office use only
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR REQUES	MENT OR OFFICE RECEIVING	THE GIFT OR REQUEST
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:			
DHS Glenwood Resource Center			
Name of Department or Office 711 South Vine Street	Henwood IA 51524		
7/11 South Vine Street Glenwood, IA 51534 Mailing Address City, State, Zip Code			
Area Code & Telephone No.			
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:		
Name			
Mailing Address (if different from above)	City, State, Zip (if different from above)		
Email Address	Area Code & Telephone Number (if different from above)		
OONOR OF OUT OR REQUIRE			
OONOR OF GIFT OR BEQUEST:	-		
Lilly USA Rep: Laura Keller, Lilly Pharmaceuticals			
Name			
Lilly Corporate Center Indianapolis, IN 46285 Mailing Address City, State, Zip Code	0/10/00		
Mailing Address City, State, Zip Code	<u>8/10/09</u> \$191.76		
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*		
A South of Tolographic Humber	*value is defined as "fair market value" of item as determined by		
Email Address (optional)	receiving department or office. If no value mark "0.00".		
Provide a description of the gift or bequest and purpose thereof:			
Seminar for Physicians, Nurses, Dietitians, HCC			
Sommar for Thybrotano, Protections, Tree			
Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.		
atement of Affirmation:			
Ruth Messingeraffirm that the gift or bequest reported abov	re is accurate. I further affirm that the information concerning the donor and		
sessment of the fair market value (if applicable) is correct and true to the	best of my knowledge.		
with Messinger	8-21-09		
Signature	Date .		
)	Date		